

Capital Investment Plan
FAA Host Resource Access Request Form

Return to: Routing Symbol ASD-600 (Anthony F. Osborne), or FAX to: 202-548-5504 – Phone# 202-548-5599 (Bonnie L. Turkaly)
E-mail: bonnie.turkaly@baesystems.com

1. Check One: ☐ Add ☐ Delete ☐ Modify ☐ Recertify Current TSO ID _____

(See Instructions on Back and Please Print) ☐ FAA Applicant ☐ Contractor Applicant
Applicant Identification

2. Name _____ 3. FAA Organization Symbol (e.g. AUA-350) _____

4. Telephone No. () _____ (Ext.) _____ 5. E-mail _____ 6. Region Code _____

7. Mailing Address and Room No. _____

Under Penalty of Law, I agree to NOT disclose to any unauthorized persons information obtained as a result of access to the applications identified below.

8. Signature _____ Date _____

Contract Information (Required if applicant is not an FAA employee)

9. Contract Number _____ 10. Contract Name _____

11. Company _____ 12. Contract Expiration Date _____

13. FAA Organization Manager's signature – Please sign on line number 17.

Access Request and Authorization

14. PM System Tools

14A. ☐ BEST

☐ BEST USER
☐ Training
☐ Documentation
Fee Service: _____

14B. ☐ DOCCON

☐ GEN USER
☐ CMSTAT
☐ Training
☐ Documentation
Fee Service: _____

14C. ☐ FMS

☐ PSRB
☐ Training
☐ Documentation
Fee Service: _____

14D. ☐ SCR

☐ GEN USER
☐ USER +
☐ DA
☐ OPI/OPR
☐ DBA
☐ Training
☐ Documentation
Fee Service: _____

14E. ☐ SMT

☐ MS PROJ00 USER
☐ MDFM USER
☐ MSS USER
☐ MDFM DBA
☐ MSS DBA
☐ Training
☐ Documentation
Fee Service: _____

14F. ☐ SPIRE

☐ MANAGER
☐ PRA
☐ GENUSER
☐ ADMIN
☐ Training
☐ Documentation
Fee Service: _____

**14G. ☐ WINS
(Capital Gallery)**

☐ ACQUIRE
☐ NASDOCS
☐ Training
☐ Documentation
Fee Service: _____

15. _____
Reserved for Future Use

16. Comments/Special Requests: _____

I certify and approve this applicant's request. In accordance with OMB Circular A-130, the Applicant has been instructed not to misuse government ADP resources, to protect the confidentiality of log-in/sign-on passwords, and to report compromises of such passwords. I agree to ensure effective implementation and application of the provisions outlined in OMB Circular A-130 and to immediately notify the FAA PM Systems Coordinator if the applicant's employment status changes or if the employee has no further need for the items requested above.

Authorization To Expend Resources:

17. Name _____ Date _____
(Print) (Signature)

18. Organizational Symbol _____ 19. Telephone No. Area Code () _____

To Be Completed by Headquarters

20. Anthony F. Osborne _____ 21. _____
FAA Coordinator Date Notified by Date Notified

22. _____ 23. _____ 24. _____
User Access Coordinator Date TSO ID Account No.

Instructions

- | | |
|---|---|
| 1. Add, Delete, Modify, Recertify and Current TSO ID
FAA or Contractor Applicant | Check appropriate box: Add, Delete, Modify, Recertify. If request for Delete, Modify, or Recertify, Enter Current TSO ID
Check appropriate box for FAA Applicant or Contractor Applicant |
| 2. Name | Applicant's printed name |
| 3. FAA Organizational Symbol | FAA Organization Symbol (contractors must supply organization they are supporting) |
| 4. Telephone Number | Applicant's area code and phone number |
| 5. E-mail address | Applicant's work e-mail address |
| 6. Region Code | Enter the two-character region code of the applicant |
| 7. Mail Address/Room Number | Applicant's mailing address including room number |
| 8. Signature and Date | Applicant's signature and date signed |
| 9. Contract Number | FAA contract no. (not required if applicant is FAA) |
| 10. Contract Name | FAA contract name or acronym (not required if applicant is FAA) |
| 11. Company | Name of company (not required if applicant is FAA) |
| 12. Contract Expiration Date | Date current contract expires (not required if applicant is FAA) |
| 13. FAA Organization Manager's signature | The signature of the manager from the FAA Organization named in number 3 |
| 14. PM System Tool | Enter PM System Tools/systems desired (SMT, DOCCON, etc.)
Check corresponding box if Training required
Check corresponding box if Documentation required
Enter Service Fee (FAA Organization Symbol of person authorizing Resource expenditure - this should be consistent with number 18) |
| 15. Authorization | A signature of the BAE Systems Technical Task Lead is required for BAE Systems personnel only |
| 16. Comments/Special Requests | Enter any Special Requests you may have |
| 17. Name and Date | Enter printed and written name of FAA Project Manager authorized to expend resources |
| 18. Organization Symbol | Enter the Organizational Symbol of the person authorized to expend resources (This Organizational Symbol should match the Fee Service entered in section 14) |
| 19. Telephone Number | Enter the telephone number of the person authorized to expend resources |

To Be Completed by Headquarters

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|--|---|
| 20. FAA Coordinator and Date | Signature of FAA OPR (Office of Primary Responsibility) and date signed |
| 21. Notified by and Date Notified | Printed name of person notifying user and date notified |
| 22. User Access Administrator and Date | Signature of User Access Administrator and date signed |
| 23. TSO ID | New TSO ID |